



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application:

Appl. No.	:	10/668,802	Confirmation No.:	Not Yet Assigned
Applicant	:	David W. Beckstrom et al.		
Filed	:	Sept. 23, 2003		
Art Unit	:	Not Yet Assigned		
Examiner	:	Not Yet Assigned		
Attorney Docket No.	:	F-679		
Customer No.	:	00919	Date: November 12, 2003	

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination on the merits, please amend the above-identified patent application as specified below. Attached please find the following:

1. Amendments to the Claims (pages 2-9); and
3. Remarks (page 10).

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

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on November 12, 2003
Date of Deposit

Signature

Brian A. Lemm
Name of Registered Rep.

November 12, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Date: November 12, 2003
DAVID W. BECKSTROM et al.) Attorney Docket No.: F-679
Serial No.: 10/668,802) Customer No.: 00919
Filed: September 23, 2003) Group Art Unit: Not Yet Assigned
Confirmation No.: Not Yet Assigned) Examiner: Not Yet Assigned
Title: **FOLDING PLATTER FOR POSTAL WEIGHING SCALE**

AMENDMENT TRANSMITTAL LETTER

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	16	-	20	=	0	X	\$18.00	=	0.00
Independent Claims	6	-	4	=	2	X	\$86.00	=	172.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									172.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 172.00 for the additional claim fee. A duplicate copy of this sheet is enclosed for use in charging the Deposit Account.

Please charge any additional fees or credit overpayment to Deposit Account Number **16-1885**.



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